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|--|--|--|----------------------|---|--|--|
| AO 435<br>(Rev. 04/11)   |  | Administrative Office of the United States Courts<br><b>TRANSCRIPT ORDER</b>                           |                      |   | FOR COURT USE ONLY<br><b>DUE DATE:</b> |  |
| <i>Please Read Instructions:</i>   |  |  |                      |   |  |  |
| 1. NAME<br>Lourdes Arroyo Portela  |  | 2. PHONE NUMBER<br>(787) 281-1961  |                      | 3. DATE<br>10/25/2017   |  |  |
| 4. MAILING ADDRESS<br>P.O. Box 70294   |  | 5. CITY<br>SAN JUAN  |                      | 6. STATE<br>PR  | 7. ZIP CODE<br>00936                   |  |
| 8. CASE NUMBER<br>17-3283  | 9. JUDGE<br>Hon. Laura Taylor Swain  | DATES OF PROCEEDINGS<br>10. FROM 10/25/2017 11. TO 10/25/2017  |                      |   |  |  |
|  |  | LOCATION OF PROCEEDINGS<br>12. CASE NAME<br>In re The Commonwealth of Puerto Rico<br>13. CITY New York |                      |   |  |  |
| 15. ORDER FOR<br><input type="checkbox"/> APPEAL<br><input type="checkbox"/> NON-APPEAL                            |  | <input type="checkbox"/> CRIMINAL<br><input type="checkbox"/> CIVIL                                    |                      | <input type="checkbox"/> CRIMINAL JUSTICE ACT<br><input type="checkbox"/> IN FORMA PAUPERIS |  | <input checked="" type="checkbox"/> BANKRUPTCY<br><input type="checkbox"/> OTHER |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)       |  |  |                      |   |  |  |
| PORTIONS   |  | DATE(S)  |                      | PORTION(S)  |  | DATE(S)  |
| <input type="checkbox"/> VOIR DIRE   |  |  |                      | <input type="checkbox"/> TESTIMONY (Specify Witness)  |  |  |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff)   |  |  |                      |   |  |  |
| <input type="checkbox"/> OPENING STATEMENT (Defendant)   |  |  |                      |   |  |  |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)  |  |  |                      | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)  |  |  |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant)  |  |  |                      |   |  |  |
| <input type="checkbox"/> OPINION OF COURT  |  |  |                      |   |  |  |
| <input type="checkbox"/> JURY INSTRUCTIONS   |  |  |                      | <input checked="" type="checkbox"/> OTHER (Specify)   |  |  |
| <input type="checkbox"/> SENTENCING  |  |  |                      | Entire Hearing Transcript   |  |  |
| <input type="checkbox"/> BAIL HEARING  |  |  |                      |   |  |  |
| 17. ORDER  |  |  |                      |   |  |  |
| CATEGORY   | ORIGINAL<br>(Includes Certified Copy to<br>Clerk for Records of the Court) | FIRST COPY   | ADDITIONAL<br>COPIES | NO. OF PAGES ESTIMATE   |  | COSTS  |
| ORDINARY   | <input type="checkbox"/>   | <input type="checkbox"/>   | NO. OF COPIES        |   |  |  |
| 14-Day   | <input type="checkbox"/>   | <input type="checkbox"/>   | NO. OF COPIES        |   |  |  |
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| REALTIME   | <input type="checkbox"/>   | <input type="checkbox"/>   |                      |   |  |  |
| CERTIFICATION (18. & 19.)<br>By signing below, I certify that I will pay all charges<br>(deposit plus additional). |  |  |                      | ESTIMATE TOTAL  | 0.00                                   |  |
| 18. SIGNATURE<br>/s/ Lourdes Arroyo Portela  |  |  |                      | PROCESSED BY  |  |  |
| 19. DATE<br>10/25/2017   |  |  |                      | PHONE NUMBER  |  |  |
| TRANSCRIPT TO BE PREPARED BY   |  |  |                      | COURT ADDRESS   |  |  |
| ORDER RECEIVED   |  | DATE   | BY                   |   |  |  |
| DEPOSIT PAID   |  |  |                      | DEPOSIT PAID  |  |  |
| TRANSCRIPT ORDERED   |  |  |                      | TOTAL CHARGES   | 0.00                                   |  |
| TRANSCRIPT RECEIVED  |  |  |                      | LESS DEPOSIT  | 0.00                                   |  |
| ORDERING PARTY NOTIFIED<br>TO PICK UP TRANSCRIPT   |  |  |                      | TOTAL REFUNDED  |  |  |
| PARTY RECEIVED TRANSCRIPT  |  |  |                      | TOTAL DUE   | 0.00                                   |  |